File with:

Iowa Ethics and Campaign Disclosure Board

510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

DISCLOSURE SUIVIVIAN I FACE

Effective January 1, 2010, all statements and reports filed by new committees

Effective January 1, 2012, all

Statements and effective January 1, 2012, all for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

IA ETHICS AND

COMMITTEE NAME (Must be same as on Statement of Org	ganization)		JUM	$\frac{\mathcal{M}}{\mathcal{M}}$
BARB NUSS FOR HARDIN COUNTY RECORDER			ORM	
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cansubdivision Candidate (8) County PAC (9) City PAC (10) School 1) Local Ballot Issue	(Re	OR-2 v. 12/2009) Office Use On	DISCLOSURE REPORT	
CANDIDATE COMMITTEES ONLY: Candidate Name BARB NUSS	Political Party (if applicable) DEMOCRAT	Scar Com	•	
Office Sought HARDIN COUNTY RECORDER	District (if Senate or House)	Audi	ited	
Late reports are subject to possible civil and criminal penalties. P candidate's committee, and the chairperson, for any other type of Treasure. SIGNATURE OF PERSON FILING REPORT	ursuant to lowa Code sections 68B.32A(7 committee, is the individual responsible for the indi	or filing tim	401(3), the carely and accura	ite reports.
		ovel F	FOTION VE	A C1
	REPORT FOR (1) ELECTION // Indicate by #		ECHON TE	AIX.
(report date)	•			
CHECK IF AMENDMENT TO REPORT DATED			ittees, enter Da	te of Election
✓ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)			/07/06 unty & Local Committees, enter County in ich Election is held (ARDIN	
	L	HARDIN		
STATEMENT OF CASH ON HAN		HARDIN		
CASH ON HAND at the beginning of the reporting period. (T	L= Total of all funds held by the Exception hand at the end		684.65	
CASH ON HAND at the beginning of the reporting period. (T	L= Total of all funds held by the Exception hand at the end		684.65	
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CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	L= Total of all funds held by the ecash on hand at the end first report filed.)	\$	684.65	
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For Instruction	s. See B	ack of Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
BARB NUSS FOR HARDIN COUNTY RECORDER

-	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
12/31/10	ID# CK#	GREEN BELT BANK & TRUST-INTEREST 616 WASHINGTON AVE., IOWA FALLS, IA 50126		\$14.29	
	ID#				
	CK#				
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	1		SUB-TOTAL	\$	
		TOTAL (if last pa	ge of this schedule)		7

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page I of I (for Schedule A)

FUR	INSTRUCTIONS.	SEE BACK	OF FORM

Res	et F	om

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

(Rev. 07/03) MONETARY EXPENDITURES

SCHEDULE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

BARB NUSS FOR HARDIN COUNT RECORDER

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER ID#	NEWTON MANUFACTURING,	CAMPAIGN ADVERTISING	
0/21/10	CK#1021 &1022	1123 IST AVE. EAST, NEWTON, IA 50208	CAMILATON AD VERTISMO	\$ 547.53
	ID#	BARB NUSS, 620 FREMONT	REIMBURSE FOR CAMPAIGN	
0/21/10	CK# 1023	ST., IOWA FALLS, IA 50126	ADVERTISING	151.41
	ID#			
	СК#			
	ID#			
	ск#			1
	ID#			
	CK#			
	ID#			
	СК#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTA	\$

TOTAL (if last page of this schedule)

\$ 698.94

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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(for Schedule B)